## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

104530663

FILING DATE

APPLICANT(S)

## **CLAIMS**

|                 | AS FILED |  | AFTER 1 AMENDMENT |  | AFTER 2 MAMENDMENT |             |
|-----------------|----------|--|-------------------|--|--------------------|-------------|
|                 | IND.     | DEP.   | IND.              | DEP.   | IND.               | DEP.        |
| 1               |          |  |                   | <u> </u>   | [                  |             |
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| 4               |          | 3  |                   |  |                    |             |
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| 7               |          | /  |                   | <del>   </del>                                     |                    |             |
| 8               | <b>!</b> | 7  |                   | <del>    -   -   -   -   -   -   -   -   -  </del> |                    |             |
| 9               |          | (/)  |                   | <del>                                     </del>   |                    |             |
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| TOTAL IND.      |          | #  | <u>/</u>          | +  |                    | 4           |
| OTAL DEP        |          | <b>+</b>                                     | 9.                | <del>-</del>                                       |                    | <b>(+</b>   |
| TOTAL<br>CLAIMS |          |  | 10                |  |                    |             |

PTO - 1360 (REV. 11/04)

|                 | AS FILED   |             | AFTER I AMENDMENT |          | AFTER 2 AMENDMENT |             |
|-----------------|--|-------------|-------------------|----------|-------------------|-------------|
|                 | IND.   | DEP.        | IND.              | DEP.     | IND.              | DEP.        |
| 51              |  |             |                   |          |                   |             |
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| 7.4             |  |             |                   |          |                   |             |
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| 91<br>92        |  |             | ∤                 |          |                   |             |
| 93              |  |             |                   |          |                   |             |
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| OTAL IND.       |  | ▼ [         |                   | ▼ [      |                   |             |
| OTAL DEP        |  | <b>(=</b>   |                   | <b>+</b> |                   | <b>←</b>    |
| TOTAL<br>CLAIMS |  |             |                   |          |                   |             |
|                 |  | U.S. DEPART | MENT of CO        | MMERCE   |                   |             |

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